

## PART B - FEE(S) TRANSMITTAL

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7590 01/27/2004

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(Depositor's name)

(Signature)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/673,794	12/20/2000	Iikka Larma	06267.0053	4230

TITLE OF INVENTION: CONTROLLED RELEASE PERORAL COMPOSITIONS OF LEVOSIMENDAN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	04/27/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
JOYNES, ROBERT M	1615		424-489000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

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ORION CORPORATION

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Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

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Issue Fee

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Publication Fee  
 Advance Order - # of Copies 10

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(Authorized Signature) Steven J. Scott (Date) Apr. 15 2004

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04/16/2004 MGE BREM2 00000059 09673794

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02 FC:8001	30.00	OP